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TO:

Registration Section Division of Corporations

SUBJECT: ZAVIRA	FAMILY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fed	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
<u>/</u> /	VHA PAPKO Name of Person
ZAVI	RA FAMILY LLC B
1015	E SUNTISE BLVD 3
Fort top.	LAUDERDALE, FL 333042 ?? City/State and Zip Code DACK 7246 9110/, COM iil address: (to be used for future annual report notification)
For further information concerning this matte	
Name of Person	at (954) 939 - 82 - 44 Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	t:
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	pany here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	023
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	: (J)
	W - 70 161
D. T.	70 2
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Ent	ter Florida street address
	, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name ()	Address Type of Action 1015 E SUNTISE BYLD 311
MGR	Iryna Papko	Address Type of Action 1015 E SUNTISE BYLD, 311 FORT LOUGERDALE, FL 33304 Add
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Filing Fee: \$25.00